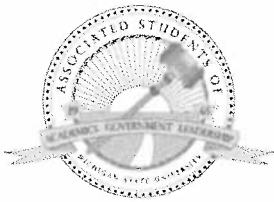


ASMSU

Department of Governmental Affairs

Medical Amnesty Policy Proposal



**Associated Students of
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911- It's that easy to be a Good Samaritan!

WHAT IS IT?

- A medical amnesty policy would protect those who call for emergency medical help for a victim of alcohol poisoning. HB4393 was introduced in the Michigan House of Representatives by Representative Anthony Forlini on March 8, 2011 and referred to Committee on Judiciary.

WHY IS IT IMPORTANT?

- 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries and 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol each year.
- People are reluctant to seek help in such alcohol related emergencies because of potential judicial consequences. The most common reason people cite for not calling 911 for help when they witness an overdose is fear of police involvement.
- 64% of MSU students surveyed said they would not call 911 in case of a medical emergency because they feared legal and university prosecution.
- The legislation does not protect people from persecution for other alcohol related offenses including driving under the influence (DUI), disorderly conduct, property damage, assault, and providing to minors.

IMPACT OF SIMILAR ENACTED POLICIES

- Similar policies on other campuses such as Cornell University have increased calls to Emergency Medical Services by 45%.

PURPOSE/GOALS OF ASMSU POLICY INITIATIVE

- To establish a University recognized medical amnesty policy that encourages students to seek medical attention in the event of an emergency, especially those involving alcohol poisoning and sexual assault.
- To increase likelihood that students will call for help in alcohol-related emergencies and thus prevent health consequences.
- To guarantee judicial amnesty to students who call 911 for help when it is needed in an effort to save students' lives and **promote health, safety, and responsibility on campus.**

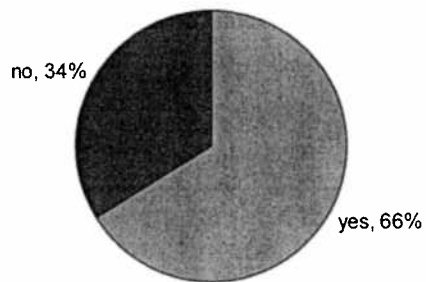
Monitoring the Future Study: Fact Sheet

- In the United States, underage drinking accounts for 12% of the alcohol sales each year, or over 3.6 billion drinks.
- Among college students alone, over 1,800 deaths occur each year from alcohol-related unintentional injuries. (Hingson et al., 2009).
- Approximately 6.6 million 12 to 20 year olds (approximately 17%) have engaged in binge drinking and 2.1 million (6%) in heavy-drinking (Johnston et al., 2008).
- On college campuses alone, those numbers jump to more than 40%
- According to the U.S. government, binge drinking is considered the consecutive consumption of five or more drinks occurring at least once within a two-week period (Center for Disease Control).
- 1 in 8 college students (13%) reported having 10 or more consecutive drinks and 1 in 20 (5%) have reported having 15 or more consecutive drinks within the surveyed two-week period (Johnston et al., 2008).
- The full study can be found at:
<http://monitoringthefuture.org/>

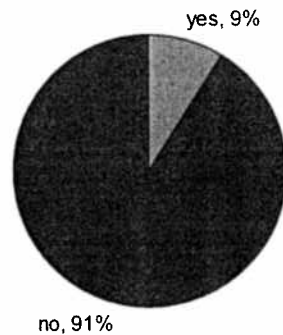
Saving Lives

Ithaca College surveyed their students in order to determine the efficacy of a Medical Amnesty Policy on campus. The following are excerpts of Ithaca College's findings.

Have You Ever Been in the Presence of a Student Whose Intoxication Level Concerned You During the Academic School Year ('09-'10)?



Have You Ever Sought Emergency Assistance for a student Whose Intoxication Level Concerned You During the Academic School Year? ('09-'10)



Source: CORE Alcohol & Other Drug Surveys, Ithaca College February 2010, N=537 undergraduate students

Cornell University Fact Sheet and Data

Background

- Cornell University is a four-year Ivy League University in rural New York State with an enrolment of over 13,600 undergraduate students.
- In the 2000–2001 academic year, Cornell University Emergency Medical Services (EMS) responded to 63 calls in which students were evaluated for alcohol poisoning or alcohol-related injuries.
- A random sample survey of Cornell undergraduates conducted in the spring of 2000 found that 19% of respondents reported thinking about calling for help because they were concerned about someone who was severely intoxicated, though only 4% actually called for help.

The Creation of a Medical Amnesty Protocol at Cornell University

- The Medical Amnesty Protocol (MAP) was developed by a committee of the President's Council on Alcohol and Other Drugs, comprised of students, staff, and faculty. The MAP is an agreement between several university departments to exercise their discretion in accordance with the protocol when dealing with alcohol-related emergencies.
- The MAP was designed to achieve two aims:
 - (1) to increase the likelihood that students will call for help in alcohol-related medical emergencies
 - (2) to increase the likelihood that students treated for alcohol-related medical emergencies will receive follow-up education at the university health centre.

Results

- An increase in the percentage of students who reported calling for help on behalf of an intoxicated person.
- At the end of the first academic year of the MAP (2002–2003), there was a 51.1% increase in reported students calling for help.
- Correspondingly, the number of alcohol related calls to Cornell's EMS increased each year after the implementation of MAP.
- The percentage of students who reported that they did not call for help in an alcohol-related medical emergency because they "didn't want to get the person in trouble" decreased by 34% from the baseline survey to the end of the second year of implementation.

Conclusions

- Each episode in which someone does not call for help is a potentially fatal situation. Therefore, it is desirable to reduce as many barriers to calling for help as possible, regardless of the prevalence of such behavior.
- Furthermore, the proportion of students for whom fear of judicial consequences is a barrier could potentially be higher on campuses where the police routinely issue violations (without amnesty) to students treated for alcohol poisoning.
- An institutional decision whether or not to develop some form of medical amnesty is likely to involve philosophical disagreements among key stakeholders. At Cornell, there was general consensus among students, staff, and faculty that medical amnesty was an appropriate approach for the university.

Source

- Cornell Statistics provided by: Safety First: A Medical Amnesty Approach to Alcohol Poisoning at a U.S. University. 7 Feb. 2006. By: Lewis, Deborah K., and Marchell C. Timothy
- Please reference the attached tables for more detailed statistics.
- The full study can be found at:
<http://www.gannett.cornell.edu/cms/pdf/aod/upload/Safety1stcornellMedamnesty.pdf>

Michigan State University Student Health Assessment

MSU Statistics provided by Olin Health Center: MICHIGAN STATE UNIVERSITY
STUDENT HEALTH ASSESSMENT: JULY 2010: by: Larry A. Hembroff, Ph.D.-
Senior Survey Methodologist

- Please reference the attached tables for more detailed statistics.
- This research provides the anecdotal evidence that some students are resistant to seeking help because of the potential legal ramifications.
- The full study can be found at:
http://www.ippsr.msu.edu/NCHA/NCHA_2010_Report.pdf
- Conducted for Olin Health Center and the American College Health Association by the Office for Survey and Research, a division of the Institute for Public Policy and Social Research, Michigan State University.

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Michigan State University Student Health Assessment Brief Overview

- Only 15.4% of MSU students claimed never to have drunk alcohol (up slightly from 14.5% in 2008 and 12.7% in 2006) and another 10.3% claimed not to have drunk alcohol in the previous 30 days; however, nearly four out of ten 39.3% claimed to have drunk alcohol on six or more of the previous 30 days.
- In general, younger students reported drinking more drinks on average resulting in higher blood alcohol levels than their older student counterparts. Respondents 20-21 years of age tended to report “partying” for longer periods of time and tended to report more occasions when they drank five or more drinks compared to other students.
- On campus students drank similar numbers of drinks compared to off campus students but over shorter periods of time resulting in, on average, higher blood alcohol levels.
- Respondents who were members of fraternities or sororities reported drinking, on average, more drinks, over longer periods of time, but still resulting in appreciably higher blood alcohol levels. They reported drinking five or more drinks on nearly twice as many occasions in the previous two weeks as did non-members.
- The average number of drinks, hours spent “partying”, blood alcohol level, and number of occasions they drank five or more drinks were significantly greater among undergraduates than among graduate and professional students.

TABLE 8. Percentage of Respondents Who Used Various Drugs, Alcohol or Tobacco in Past 30 Days, by Background: 2010

Substance	% 1-2 Days	% 3 or More Days	% Who Answered 1 or More Days										STUDENT STATUS	
			GENDER		RACE		RESIDENCE		CUMULATIVE GPA					
			Female	Male	White	Other	On	Off	A	B	C/D/F	Under Graduate	Graduate	
Cigarettes	6.3	11.1	14.4	20.7*	19.5	11.3*	15.1	18.8	14.0	20.2	23.4*	19.9	9.3*	
Tobacco from a hookah	5.2	2.2	5.7	9.5*	8.3	5.0*	9.6	6.1*	5.5	9.3	10.3*	9.7	0.8	
Cigars	5.1	2.5	2.7	13.2*	8.7	4.7*	9.1	6.7	5.6	8.6	13.1*	9.2	2.3*	
Smokeless tobacco	1.4	3.8	1.2	9.8*	5.7	4.0	5.2	5.2	2.6	6.9	10.3*	6.6	0.9	
Alcohol (beer, wine, liquor)	16.1	58.2	72.0	77.6*	79.5	59.6*	61.3	82.5*	73.2	78.1	69.0*	75.9	71.2	
Marijuana	6.1	10.2	13.3	19.8*	19.2	7.9*	16.4	16.2	12.9	19.3	22.1*	20.7	3.4*	
Cocaine	0.3	0.4	0.4	1.0	0.5	1.3	0.7	0.7	0.1	1.0	2.1*	0.9	0.0	
Methamphetamines	0.1	0.3	0.0	0.9*	0.0	1.8	0.9	0.1*	0.1	0.5	2.1*	0.4	0.3	
Other amphetamines	1.4	1.7	3.0	3.1	3.1	3.4	2.5	3.5	2.0	4.1	4.8	3.6	1.4*	
Sedatives	0.9	1.4	1.4	3.4*	2.7	1.3	2.0	2.7	2.6	1.9	3.4	2.5	2.0	
Hallucinogens	1.0	0.3	0.4	2.4*	1.2	1.3	1.4	1.2	0.4	1.5	4.8*	1.7	0.0*	
Steroids	0.1	0.3	0.0	0.7*	0.1	1.3*	0.9	0.1*	0.0	0.3	2.8*	0.5	0.0	
Opiates	0.6	0.5	0.1	1.9*	0.6	2.1*	1.1	1.0	1.0	0.7	2.8	1.3	0.0*	
Inhalants	0.2	0.5	0.1	1.5*	0.5	1.6*	1.4	0.4	0.4	0.7	3.4*	0.9	0.3	

TABLE 7. Percentage of Respondents Who Used Various Kinds of Drugs, Alcohol and Tobacco in the Past 30 Days: 2010

In past 30 days, on how many days did you use:	n	Never	Not in Past Month	1-2 Days	3-5 Days	6 or More Days
Cigarettes	1,463	61.8	20.8	6.3	2.9	8.2
Tobacco from a hookah	1,462	62.8	29.8	5.2	1.0	1.2
Cigars	1,462	64.3	28.1	5.1	1.4	1.2
Smokeless tobacco	1,453	82.9	11.9	1.4	1.1	2.7
Alcohol (beer, wine, liquor)	1,449	15.4	10.3	16.1	19.0	39.3
Marijuana	1,459	61.0	22.8	6.1	1.8	8.4
Cocaine	1,458	94.3	5.0	0.3	0.1	0.3
Methamphetamines	1,461	97.3	2.2	0.1	0.1	0.2
Other amphetamines	1,457	92.2	4.7	1.4	0.6	1.1
Sedatives	1,462	93.8	3.8	0.9	0.5	0.9
Hallucinogens	1,463	93.3	5.4	1.0	0.2	0.2
Steroids	1,458	98.9	0.7	0.1	0.2	0.2
Opiates	1,462	97.2	1.7	0.6	0.3	0.2
Inhalants	1,462	97.9	1.3	0.2	0.2	0.4
MDMA	1,459	94.6	4.6	0.3	0.2	0.2
Other club drugs	1,458	98.3	1.3	0.1	0.1	0.2
Other illegal drugs	1,460	94.5	4.0	0.6	0.5	0.5

TABLE 8. (Continued)

Substance	% 1-2 Days	% 3 or More Days	% Who Answered 1 or More Days										
			GENDER		RACE		RESIDENCE		CUMULATIVE GPA			STUDENT STATUS	
			Female	Male	White	Other	On	Off	A	B	C/D/F	Under Graduate	Graduate
MDMA	0.3	0.4	0.4	1.2	0.6	1.3	0.9	0.7	0.1	1.0	2.8*	0.9	0.0
Other club drugs	0.1	0.3	0.0	0.7*	0.1	1.3*	0.9	0.1*	0.0	0.3	2.8*	0.5	0.0
Other illegal drugs	0.6	1.0	1.0	2.1	1.4	2.1	1.8	1.3	0.9	1.5	4.1*	1.8	0.6

* $p(\chi^2) < .05$

TABLE 11. Percentage Distribution How Often Respondents Who Partied Took Various Steps to Drink Responsibly: 2010

During the last 12 months, if you partied, how often	Always	Most of the Time	Sometimes	Rarely	Never	n
Alternated non-alcoholic with alcoholic beverages	6.8	18.4	30.7	23.3	20.8	1,216
Determined in advance not to exceed a set number drinks	13.1	22.5	25.5	19.3	19.7	1,222
Chose not to drink alcohol	3.2	13.2	46.3	24.9	12.4	1,240
Used a designated driver	62.5	19.1	9.1	4.4	5.0	1,208
Ate before/during drinking	32.8	46.0	17.2	2.7	1.4	1,219
Have friend let you know when you've had enough	14.2	16.4	20.4	20.5	28.5	1,207
Kept track of how many drinks were having	30.1	32.8	17.9	12.1	7.0	1,220
Paced drinks to 1 or fewer per hour	8.8	14.8	26.9	27.2	22.3	1,217
Avoided drinking games	16.3	15.5	24.5	23.8	19.9	1,236
Stayed with same group of friends	44.1	41.9	10.4	1.8	1.8	1,219
Stick with one kind of alcohol	12.0	39.9	35.0	9.7	3.4	1,215

TABLE 12. Percentage of Respondents Who Partied Who Always or Usually Took Various Steps to Drink Responsibly, by Background Characteristics: 2010

During the last 12 months, if you partied, how often did you	Alternate Alc. & Non-Alc. Drinks	Determine Drink Limit Ahead	Choose Not to Drink	Use Designated Driver	Ate Before/ During Drinking	Have Friend Tell When Had Enough	Track How Many Drinks	Paced Drinks \leq 1 Per Hour	Avoid Drinking Games	Stay with Friends	One Kind of Alcohol
Gender											
Males	19.8*	29.7*	12.7*	76.9*	75.1*	24.4*	56.8*	15.2*	26.3*	79.1*	48.1*
Females	29.9	40.6	19.8	86.1	82.1	36.1	68.6	30.9	36.7	92.1	55.8
Race											
White	24.7	30.5*	14.6*	84.5*	78.8	29.1*	61.0*	20.1*	26.9*	86.8	52.1
Other	27.1	52.5	22.6	71.7	79.0	35.7	70.1	35.3	47.9	83.0	51.1
Age											
18-19	26.6*	39.0*	22.9*	88.0*	75.3	39.3*	65.4*	15.6*	20.4*	85.7	53.1*
20-21	22.1	32.1	13.6	86.3	79.7	32.4	57.4	13.4	19.4	86.2	47.4
22-23	17.2	30.7	12.5	77.0	80.5	24.6	57.5	28.6	29.1	83.4	43.7
24 or older	35.9	42.1	17.8	70.5	79.7	23.2	74.1	46.0	67.8	87.9	65.3
Residence											
On campus	29.4*	42.3*	24.6*	83.2	77.6	39.7*	67.5*	20.9	30.8	85.8	56.2*
Off campus	22.9	31.8	12.0	80.6	79.4	25.7	60.5	25.0	32.4	86.1	49.6
GPA											
A	27.3	37.1	17.3	79.9	79.7	28.8	67.9*	29.9*	40.8*	86.6	55.0
B	23.2	33.5	15.1	83.1	79.2	31.3	58.8	18.1	22.8	85.3	49.3
C or less	23.5	37.5	16.8	83.2	72.0	39.0	59.7	16.7	25.8	88.1	50.0
Member of Fraternity or Sorority											
YES	19.8	21.4*	10.8	86.9	79.5	31.5	56.2	10.7*	13.1*	79.4*	45.0
NO	26.0	37.2	17.4	81.0	78.7	30.6	63.8	24.8	33.5	86.7	52.6

* $p(\chi^2) < .05$

TABLE 13. Percentage of Respondents Who Drink Who Report Experiencing Various Health Threatening Consequences of Their Drinking Within the Last Year, Overall and by Background: 2010

Within the last 12 months, have you experienced _____ as a consequence of your drinking?	Injured Self	Injured Other	Did, Later Regretted	Forgot Where, What	Seriously Considered Suicide	Had Unprotected Sex	Got in Trouble With Police	Had Sex Without Giving Consent	Had Sex Without Getting Consent
Overall	16.1	2.4	36.8	36.8	0.9	17.3	5.0	1.7	0.5
Gender									
Males	18.1	3.2	37.7	37.3	0.9	20.1*	5.7	2.1	0.5
Females	14.2	1.6	36.0	36.3	0.8	14.6	4.4	1.4	0.3
Race									
White	17.8*	3.0*	41.0*	40.4*	1.1	18.6*	5.5	1.8	0.3
Other	10.2	0.4	22.2	24.3	0.4	12.8	3.3	1.5	0.7
Age									
18-19	20.3*	2.2*	40.4*	44.3*	0.4	15.9	8.2*	2.6*	1.1
20-21	21.6	3.2	42.2	44.7	1.1	17.1	6.3	1.3	0.2
22-23	16.7	4.1	41.7	41.4	1.0	22.2	2.0	3.6	0.5
24 or older	2.2	0.0	20.1	12.3	1.1	15.7	1.9	0.4	0.0
Residence									
On campus	16.0	2.6	32.8*	37.9	0.7	13.1*	5.9	2.6	0.9
Off campus	16.2	2.3	39.0	36.2	1.2	19.5	4.4	1.4	0.3
GPA									
A	12.0*	1.9	34.6	31.1*	0.7	14.0*	3.5	1.1	0.2
B	21.2	2.8	40.0	42.2	1.2	21.5	6.5	2.2	1.0
C or less	14.4	2.6	33.1	42.5	1.7	13.8	5.9	0.8	0.0
Member of Fraternity or Sorority									
YES	22.5*	2.3	41.5	53.8*	0.8	21.5	7.0	1.5	0.8
NO	15.5	2.5	36.5	34.9	1.0	16.8	4.9	1.8	0.5

* $p(\chi^2) < .05$

Helping Behavior Study

- A 2009 study done at North Dakota State University titled, “Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help?” assessed the frequency of helping behavior among students in situations where peers display alcohol poisoning symptoms and assessed sources from which students seek help.
- Students ($N = 306$; 50% male) completed a Web-based self-report assessment during the week before their 21st birthday focusing on drinking behavior, alcohol-related consequences, concern for symptoms of alcohol poisoning, and observations of and experience with helping behavior.

Sources of help

- 86% of students reported using a source of help for symptoms and nonsymptoms of alcohol poisoning.
- More than half (57.8%) of students indicated they had helped another individual without seeking outside help.
- When seeking outside help, students were most likely to seek help from another student, followed by a parent.
- Students were least likely to seek help from on-campus and off-campus police.

Table 3

Sources of help for alcohol poisoning symptoms and nonsymptoms ($n = 263$)

Source	%
I have helped other students, but I have not sought outside help	57.8
Another student (not a residence advisor)	38.6
Parent	12.4
Hospital/clinic/emergency department	7.5
Other	5.9
Resident advisor	2.3
Hall director	1.6
<u>Off-campus police</u>	<u>1.3</u>
<u>Campus police</u>	<u>0.3</u>

Reasons not to seek help

- 14% of students reported never having helped someone with symptoms or nonsymptoms of alcohol poisoning.

Table 4

Reasons not to seek help for alcohol poisoning symptoms and nonsymptoms ($n = 43$)

Item	Mean (SD)
I did not believe that the student was at risk	3.53 (1.29)
I did not think the student needed help	3.41 (1.25)
Someone else was already helping	2.83 (1.19)
I was not sure what to do	2.34(1.08)
No one else seemed concerned	2.30 (0.98)
I was not sure how to help	2.27(1.09)
I was afraid of my friend getting into trouble with legal system/police	2.18 (1.13)
I was afraid of my friend getting into trouble with residence hall staff	2.11 (1.05)
I was afraid of my friend getting into trouble with university administration	2.11 (1.02)
I did not think it was my responsibility	2.09 (0.97)
No one else was helping	2.09 (0.86)
I was afraid of my friend getting into trouble with his/her parents	2.02 (0.96)
I was afraid of my friend getting into trouble with his/her academic program	2.02 (0.93)
I was afraid of myself getting into trouble with the legal system/police	2.02 (1.01)
I assumed someone else would help	2.00 (0.89)
I was afraid of myself getting into trouble with my academic program	1.95 (0.99)
Other people discouraged me from getting help	1.93 (0.85)
I did not want my friend to be angry	1.90 (0.99)
I was afraid of myself getting into trouble with university administration	1.90 (0.92)
I thought the help would cost too much money	1.83 (0.89)
I was afraid of myself getting into trouble with residence hall staff	1.81 (0.85)
I was afraid of myself getting into trouble with my parents	1.76 (0.86)
I was in a hurry	1.69 (0.74)

Notes: Response options were 1 = “strongly disagree”; 2 = “disagree”; 3 = “not sure”; 4 = “agree” 5 = “strongly agree.”

Source

- Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help? July 2009. By: Laura Oster-Aaland, M.S.,[†] Melissa A. Lewis, Ph.d., Clayton Neighbors, Ph.d., Jane Vangsness, M.S., and Mary E. Larimer, Ph.d.
- The full study can be found at:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701093/>

States with Similar Legislation

- New York
- Washington
- Pennsylvania
- New Jersey
- New Mexico

Honorable Michigan Representatives and Senators,

As the phone rang on an MSU football Saturday, it was a call I had not expected to get and never want to have happen again. It was a close family member requesting me to go quickly to Sparrow Hospital to be with his son who was in the emergency room. He asked if I could stay with him until he got there. He had received limited information on his condition but enough to know that it was very serious and his whole family was to come immediately. He relayed that alcohol was involved but knew little else. When you get a call like that with no information, you know it is bad!


On arrival at Sparrow, I was greeted by my fellow nurses and told that he was in very bad shape. They tried to prepare me for what might happen. I was told he had alcohol poisoning. They had pumped his stomach but were very concerned because he had no sensation of pain and had not gained consciousness following treatment over the past 2 hours. He also had no gag reflex which is your body's way of protecting itself from aspirating fluid into your lungs and causing death. Seeing someone you love; pale and close to death shows you the harsh reality of alcohol's deadly consequences. As I looked around at the two men with him, I realized that they too had been drinking and one of them, a father, had accompanied him by driving him to the hospital. While there is no question that underage drinking was involved and shots of liquor were a part of that drinking, it is important to note that this was a freshman who experimented and got into trouble. It also is important that as he collapsed, the other guys recognized that he was in trouble. Because of their concern for their fraternity and the others drinking, they did not call for help immediately but rather sought out an adult in the house to assist them in driving him to the hospital. Prior to getting him there, they removed all evidence of where he was and what fraternity was involved. We are so lucky that even with that delay, he got there in time. We are lucky that those driving him did not also cause a tragedy.

As a nurse, I have dealt with those life and death moments and know the importance of quick action. Our police, firemen and paramedics have been trained to respond quickly in situations such as this – but they need to be there. A call needs to be made to get them there and that call needs to be made fast.

Removing all barriers that cause a delay in getting help is what this legislation is about. No one has to make a choice between themselves and the individual in trouble. Ultimately, it is about safety first. No one has to think about what will happen if they call. No one has to think about what will happen when they call. No one has to experience a delay in care when minutes and expertise can make a difference between life and death.

I applaud the students, who through ASMSU, have pushed for this bill to be drafted and passed. They have worked with the police department and have their support along with the support of my colleagues on the East Lansing City Council.

I am thankful that my personal experience did not end in death. My family member learned a life lesson the hard way and recovered. I have tried to protect my family member's identity and still give this testimony because I strongly believe that this legislation is needed and will save lives. I ask for your support on the Medical Amnesty bill before you.

Sincerely,

Diane Goddeeris RN
Mayor Pro Tem – City of East Lansing

